REISSUE APPLICATION DECLARATION BY THE INVENTOR

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MIT 6917 (CMCC 450) DIV Reissue I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. reissue patent is sought on the invention entitled Engineering of Strong, Pliable Tissues the specification of which is attached hereto. February 19, 2004 as reissue application number 10/782,750 was filed on and was amended on _ (If applicable) I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: The claims have been broadened, not to be limited to a product by process, and to be revised by canceling claims to blood vessels.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or ratab a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissionor for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) MIT 6917 (CMCC 450) DIV Reissue All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant Note: To appoint a power of attorney, use form PTO/SB/B1. Correspondence Address: Direct all communications about the application to: Customer Number: 23579 OR Firm or Patrea L. Pabst, Holland & Knight LLP Individual Name Address One Atlantic Center, Suite 2000 Address 1201 West Peachtree Street NE City State Atlenta 30309-3400 Georgia Country US Telephone Fax (404) 817-8473 (404) 817-8588 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Joseph P. Vacanti inventor's signature 8104 Residence Citizenship 14 Woodside Road, Winchester, MA 01890 Mailing Address
14 Woodside Road, Winchester, MA 01890 Full name of second joint inventor (given name, family name) Christopher K. Breuer Inventor's signature Date Residence Citizenship US 310 Market Street, Brighton, MA 02135 Mailing Address 310 Market Street, Brighton, MA 02135 Full name of third joint inventor (given name, family name) Beverly E. Chaignaud Inventor's signature Date Residence Citizenship US 1470 Annunciation St., #3206, New Orleans, LA 70130 Mailing Address 1470 Annunciation St., #3206, New Orleans, LA 70130 Additional joint inventors or legal representative(s) are named on separately numbored sheets forms PTO/SB/02A or 02LR attached hereto

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR				МП	MIT 6917 (CMCC 450) DIV Reissue					
All errors corrected in t	his reissue application arose without an	y deceptive	intentic	on on the part of th	e applicant					
Note: To appoint a pow	er of attorney, use form PTO/SB/81.									
Correspondence Addre	ess: Direct all communications about the	application	n to:							
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OR										
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Additional joint inventors	of legal representative(s) are named on separately	y numbered sh	eets forms	PTO/SB/02A or 02LR	attached hereto					
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Joseph P. Vacanti Inventor's signature Date Citizenship US 14 Woodside Road, Winchester, MA 01890 Mailing Address 14 Woodside Road, Winchester, MA 01890 Full name of second joint inventor (given name, family name) Christopher K. Breuer Inventor's signature Date Residence Citizenship US 310 Market Street, Brighton, MA 02135 Mailing Address 310 Market Street, Brighton, MA 02135 Full name of third joint inventor (given name, family name) Beverly E. Chaignaud Inventora signature Date 2004 DWING Residence Citizenship US 1470 Annunciation St., #3206, New Orleans, LA 70130 Mailing Address 1470 Annunciation St., #3206, New Orleans, LA 70130

Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto

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ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Page __!_ of !__

Name of Additional Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor								
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Inventor's Signature Joshic have	S	hinoka					Date 2504/Mar. 15				
Residence: City Tokyo	Sta	ite	c	Country Japan			Citizenship Japan				
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_{City} Tokyo	Sta	ite	;	ZIP 162-8666 Coun		Count	try Japan				
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any	· ·	Family Name or Surname									
Inventor's Signature						Date					
Residence: City		State		Country			Citizenship				
Mailing Address											
Mailing Address											
City		State		ZIP		Cou	Country				
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any		Family Name or Surname									
înventor's Signature						•	Date				
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